

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	1					
5	0					
6	0		1			
7			1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	0		1			
13			1			
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17	0					
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45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS